

PART B - FEE(S) TRANSMITTAL

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30349 7590 10/04/2007

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| | |
|-------------------|--------------------|
| Jennifer Kostic | (Depositor's name) |
| /Jennifer Kostic/ | (Signature) |
| November 16, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/608,824 06/26/2003 Eran Steinberg FN102-I 7964

TITLE OF INVENTION: PERFECTING OF DIGITAL IMAGE RENDERING PARAMETERS WITHIN RENDERING DEVICES USING FACE DETECTION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional YES \$720 \$300 \$0 \$1020 01/04/2008

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

SETH, MANAV 2624 382-118000

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Jackson & Co., LLP
2 Andrew V. Smith
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FotoNation Vision Limited

Galway, Ireland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4399 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Eran Steinberg/
Typed or printed name Eran Steinberg

Date November 16, 2007
Registration No. 53637

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Galway, Ireland

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Authorized Signature /Eran Steinberg/

Date November 16, 2007

Typed or printed name Eran Steinberg

Registration No. 53637

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